



Utah Department of
Health & Human Services
Integrated Healthcare

**HIPAA Transaction
Standard Companion Guide**

**Health Care Services Request for Review
and Response (278)
ASC X12N/005010X217**

17th January 2023

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Disclosure Statement

Disclosure, distribution and copying of this guide is permitted, however, changes to items found in this guide may occur at any time without notice.

The intended purpose and use of this guide is to provide information in reference to the Health Care Services Request for Review and Response (278).

Due to the copyright protection of the 5010 Implementation Guides (TR3), Utah Medicaid will not publish items found on the ASC X12 Implementation Guides (TR3), other than to convey Utah Medicaid's system limitations and usage iterations.

Preface

This Companion Guide to the v5010 ASC X12N Implementation Guides and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronic health data with Utah Medicaid. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides.

The Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. It is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide will provide information regarding the exchange of an Electronic Data Interchange (EDI) transaction with Utah Medicaid regarding Prior Authorization Request and Response. It also includes information about EDI enrollment, testing, and customer support.

Utah Medicaid is publishing this Companion Guide to clarify, supplement, and further define specific data content requirements to be used in conjunction with, and not in place of, the ASCX12N TR3 mandated by HIPAA. The Companion Guide can be accessed at <https://medicaid.utah.gov/hipaa/providers/#companion-guides>.

All References to Medicaid are used for simplicity, but other programs supported by the Utah Department of Health Division of Medicaid and Health Financing (DMHF) are also included, e.g., Medicaid, CHIP, Integrated Medicaid, Baby Your Baby, etc.

Utah Medicaid provides services to eligible members using two coverage models:

- Managed Care Organizations (MCO) - Are Plans who provide medical, dental and behavioral health services to eligible Medicaid and CHIP members.
- Fee for Service (FFS) - Consists of all Medicaid plans where services are paid for a member who is not enrolled in a MCO or the service that is needed is not covered by the MCO plan.

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1 INTRODUCTION

The Health Insurance Portability and Accountability Act (HIPAA) requires all entities exchanging health data to comply with the Electronic Data Interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The Accredited Standards Committees (ASC) X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) are the standards of compliance. The TR3s are published by the Washington Publishing Company (WPC) and are available at: <https://x12.org/products>.

This section describes how the ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of tables. The tables contain a row for each segment that, due to Utah Medicaid’s system limitation and business needs, may require information in addition to, or over and above, the information in the IGs. That information can:

- Limit the repeat of loops, or segments.
- Limit the length of a simple data element.
- Specify a sub-set of the IGs internal code listings.
- Clarify the use of loops, segments, composite and simple data elements.
- Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with Utah Medicaid.

In addition to the row for each segment, one or more additional rows are used to describe Utah Medicaid’s usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail.

Table 1 specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides.

Table 1. Columns and Usage

Page #	Loop ID	Reference	Name	Notes/Comments
79	2010B	REF01	Reference Identification Qualifier	“ZH” For Atypical Provider use only
79	2100B	REF02	Reference Identification	Provider ID Atypical Providers only.
93	2010C	NM109	Identification Code (Subscriber)	10-digit Beneficiary ID Number

Scope

The Companion Guide addresses Utah Medicaid’s technical and connectivity specifications for the Health Care Services Review, Request, and Response transactions. It highlights business rules, system limitations, and data requirements needed for a successful prior authorization request.

Table 2. Transactions Covered by this Companion Guide

Transactions	Versions
278/278 Prior Authorization Request and Response	005010X217
Implementation Acknowledgment for Health Care Insurance (999) Interchange Acknowledgment (TA1)	005010X231A1

Overview

The Companion Guide was written to assist providers in designing and implementing transaction standards to meet the Utah Medicaid processing methodology. The guide is organized in the sections listed below:

- Section 1 INTRODUCTION: Section includes scope, overview, references and additional information.
- Section 2 GETTING STARTED: Section includes information on enrolling as a Utah Medicaid Provider, EDI enrollment, and testing process.
- Section 3 TESTING WITH UTAH MEDICAID: Section includes detailed transaction instruction on how to test with Utah Medicaid.
- Section 4 CONNECTIVITY WITH THE PAYER/ COMMUNICATIONS: Section includes information on Medicaid’s transmission procedures, as well as communication and security protocols.
- Section 5 CONTACT INFORMATION: Section includes Medicaid’s telephone numbers, mailing and email addresses, and other contact information.
- Section 6 CONTROL SEGMENT/ENVELOPES: Section contains information needed to create the ISA/IEA, GS/GE, and ST/SE control segments to be submitted to Utah Medicaid.
- Section 7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS: Section includes detailed transaction testing information. Web services connection is needed to send transactions.
- Section 8 ACKNOWLEDGEMENTS AND/OR REPORTS: Section contains information on all EDI reports such as 278/278, 999s, or TA1.

- Section 9 TRADING PARTNER AGREEMENTS: Section contains information regarding Trading Partner EDI Enrollment requirements for the 278/278 transactions.
- Section 10 TRANSACTION SPECIFIC INFORMATION: Section contains specific information regarding 278/278 transactions, system limitations, scheduled and non-scheduled system downtime notification, holiday hours, and other information that would be helpful to Trading Partners.
- APPENDICES: This section will lay out transmission examples, frequently asked questions, an implementation checklist, business scenarios, and a change summary.

References

- **5010 ASC X12 Technical Report Type 3 (TR3) Guides**

Due to system limitation and business needs, Utah Medicaid will identify loops, segments, and data elements to convey additional information to process electronic requests successfully.

The TR3s may be purchased through Washington Publishing Company (WPC) at <https://x12.org/products>.

- **Utah Health Information Network (UHIN) Standards and Specifications**

All payers in Utah, including Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value added network serving providers and payers in Utah. In order to access specific documents such as Standards, Technical Manuals, Specifications etc., a provider must request from UHIN, access to <https://my.uhin.org>.

UHIN Home Page: <http://www.uhin.org>

The UHIN Standards can be found at: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>

UHIN UTRANSEND Technical Reference Manual (TRM):

<https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>

UHIN's EDI Enrollment Specification: <https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1>

- **Washington Publishing Company (WPC):**

<https://www.wpc-edi.com/>

- WPC Code List:

<https://x12.org/Codes>

- **CMS transaction and Code Sets Standards:**
<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/AdoptedStandardsandOperatingRules.html>
- **CMS Electronic Billing & EDI Transactions Help Lines (Part A and B)**
<http://www.cms.gov/ElectronicBillingEDITrans>
- **Accredited Standards Committee (ASC):**
<https://x12.org>

Additional Information

Utah Medicaid does not offer EDI software. Some software vendors charge for each electronic transaction type (claims, eligibility, reports, and remittance advice). There are no regulations as to what software vendors can charge for the software license or their services. It is the responsibility of the provider to procure software that best fits their business needs.

Things to consider when looking for EDI software:

1. Fees and Function – What EDI transactions are included with the software license? Examples include:
 - a. Health Care Eligibility Benefit Inquiry and Response (270/271)
 - b. Health Care Claim Status Request and Response (276/277)
 - c. Health Care Claims: Professional (837P), Institutional (837I), Dental (837D)
 - d. Health Care Claim Acknowledgment (277CA)
 - e. Acknowledgment Reports (Interchange Acknowledgement (TA1), Implementation Acknowledgment for Health Care Insurance (999))
 - f. Health Care Claim Payment/Advice (835)
 - g. Health Care Services Review - Request for Review and Response (278)
 - h. Payroll Deducted and Other Group Premium Payment for Insurance Products (820)
 - i. Benefits Enrollment and Maintenance (834)
2. Software License – Will the license include free regulatory updates?
3. Technical Support – Is the installation, set-up and any subsequent assistance included with the subscription?
4. System Requirements – Will the software function with your current Operating System, hardware, and Practice Management software, or will new Operating System, Practice Management software, or hardware be needed?

5. Reports – Are data elements on received transactions viewable, for example, Claims Adjustment Reason Codes, Remittance Remark Codes, PLB segments on the 835, and so forth?
6. UHIN provides software for their members. Contact UHIN at (877) 693-3071 for more information.
7. Providers that use a billing company or clearinghouse, contact the billing company or clearinghouse for software.
8. Proprietary software can be used provided it meets HIPAA standards and CORE requirements.

2 GETTING STARTED

Working with Utah Medicaid

Providers must enroll as a Utah Medicaid provider. The Utah Medicaid Provider Enrollment team may be reached at (801) 538-6155 or (800) 662-9651, option 3, then option 4, for questions regarding provider enrollment. Provider Enrollment forms, instructions, and contact information are available on the Utah Medicaid website: <https://medicaid.utah.gov/become-medicaid-provider>.

A provider who enrolled online will receive a Welcome Letter to access provider enrollment information.

Providers who wish to submit EDI transactions directly into PRISM through PRISM screens, must select Electronic batch option as part of provider enrollment process. Providers must be able to create HIPAA X12 compliant transactions using their own software when submitting through Electronic batch. An Electronic batch submission is not available for providers enrolled as a Managed Care plan.

Providers who wish to employ UHIN and use their tools and services to submit EDI claims, Client Eligibility and Response, Claim Status Inquiry and Response, Health Care Services Review - Request for Review and Response ,or receive Electronic Remittance Advice may contact UHIN at (877) 693-3071 or see UHIN’s EDI Enrollment Specification at: <https://support.uhin.org/hc/en-us/articles/360037342132-UHIN-EDI-Enrollment-Specification-v1-1>. Provider must ask UHIN for membership information and how to obtain an Electronic Data Interchange (EDI) Trading Partner Number (TPN).

Providers who elect to transmit or receive electronic transactions using a third party, such as a billing agent, clearinghouse, or network service, do not need to contact UHIN or acquire a TPN if the billing agent, or network service is a member of UHIN. In this case, providers must obtain the billing company’s TPN to complete Utah Medicaid’s EDI enrollment online.

Trading Partner Registration

Utah Medicaid requires all trading partners to complete the Utah Medicaid EDI Enrollment online. Any other form of EDI Enrollment is not accepted. To become a

trading partner with Utah Medicaid, visit our website at <https://medicaid.utah.gov/become-medicaid-provider>.

Using the information provided on the Welcome Letter (when you first enrolled to become a Utah Medicaid provider) you may access and complete or modify the EDI Enrollment. If a Welcome Letter was not received, contact Medicaid Provider Enrollment at (801) 538-6155 or (800) 662-9651, option 3, then option 4 to request one.

Providers may need to obtain the TPN for each EDI transaction from their clearinghouse or billing agency prior to EDI enrollment.

For Brand New Providers – Never Validated:

- Acquire a Utah Identification (ID) from <https://id.utah.gov/login> if you do not have one.
 - Create an Account
 - Complete all the required fields
 - Set the password interval to 90 days, using the following State of Utah password requirements:
 - Minimum of 8 characters
 - Upper case letters
 - Lower case letters
 - At least 1 number
 - Special characters
- Visit our website at <https://medicaid.utah.gov/become-medicaid-provider>.
- Click the PRISM Portal hyperlink.
- Enter your Utah ID and password to log in.
- Click the Submit Enrollment Access (Converted Providers Accessing the New PRISM System for the First Time).
- Complete and Submit Enrollment Access form; upon successful validation the system will redirect to the profile selection domain page.
- Click Manage Provider Information.
- Complete all the validation requirements in Steps 1-3.
- Complete all the steps for EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the Trading Partner Number (TPN) to each EDI transaction based on business needs. A different TPN may be used for each EDI transaction.
- Click on the Submit button in the last step to submit the form for processing.

For Existing Providers - Validated:

- Visit our website at <https://medicaid.utah.gov/become-medicaid-provider>.
- Click the PRISM Portal hyperlink.
- Enter your Utah ID and password to log in.
- Select a Domain and Profile.
- Click the Manage Provider Information.
- Complete all the steps that pertain to the EDI Enrollment to add or modify the EDI enrollment information. Fill out the form completely and associate the TPN to each EDI transaction based on business needs. Different TPNs may be used for each EDI transaction.
- Click the Submit button in the last step to submit the form for processing.

Training is available by clicking on the link for the Provider Enrollment and EDI Enrollment tutorial: <https://medicaid.utah.gov/pe-training>.

Certification and Testing Overview

All payers in Utah, including Utah Medicaid, have adopted the UHIN Standards and Specifications set forth by the Utah Health Insurance Commission. UHIN is an independent, not-for-profit, value-added network serving providers and payers in Utah.

All providers who wish to submit EDI transactions through UHIN, must test with UHIN prior to submission of electronic transactions. Contact UHIN at (877) 693-3071 to coordinate acceptance testing.

3 TESTING WITH UTAH MEDICAID

Providers who wish to submit EDI transactions through PRISM Electronic batch are not required to do testing. If a provider wants to test prior to production, send test transactions to the Medicaid Test Trading Partner Number: HT000004-004 (FFS).

Providers who wish to submit EDI transactions through UHIN, contact UHIN Help Desk at (877) 693-3071 for security access to their Test environment. Coordinate Acceptance Testing with UHIN first. UHIN will validate your EDI transactions and notify Utah Medicaid when Acceptance Testing is completed.

During provider enrollment, ensure that your UHIN Trading Partner Numbers (TPN) are associated for each transaction based on business needs prior to testing with Utah Medicaid. Registration can be done through the EDI Enrollment online at the Medicaid website: <https://medicaid.utah.gov/become-medicaid-provider>. See detailed instructions under the Trading Partner Registration section.

Providers should coordinate testing with Utah Medicaid after completion of the Acceptance Testing with UHIN, contact EDI Customer Support at editestinggroup@utah.gov or by calling the EDI Customer Support at (801) 538-6155, option 3, then option 5. Medicaid EDI Customer Support will assist with testing

issues and errors. Send your test transaction to Medicaid's Test Trading Partner Number: HT000004-004 (FFS).

Providers using the UHIN software are not required to test. Contact UHIN Member Relations Team at (877) 693-3071 for technical support.

Providers using a third-party software or practice-management software need to work directly with their software vendor for software upgrades and technical support.

4 CONNECTIVITY WITH THE PAYER/ COMMUNICATIONS

Web Service connection is required to send electronic transactions through UHIN. For more information, see UHIN standards at <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>.

To initiate a Trading Partner relation with UHIN, contact UHIN at (877) 693-3071 for more information, or email at: customerservice@uhin.com.

UHIN Technical Specifications are available at:

<https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>

5 CONTACT INFORMATION

EDI Customer Service

Contact your clearinghouse or billing agent for EDI Customer Support as the initial step. The UHIN Help Desk can be contacted at either (877) 693-3071 or by email at customerservice@uhin.org.

Trading Partners may call Utah Medicaid for assistance in researching problems with submitted EDI transactions. Utah Medicaid will not edit Trading Partner data or resubmit transactions for processing on behalf of a Trading Partner. The Trading Partner must correct any transmission or data errors found and resubmit.

For additional support, Utah Medicaid EDI Customer Support team may be contacted by calling the Medicaid Information Line at (801) 538-6155 or (800) 662-9651, option 3, then option 5.

You may also email the EDI Customer Support team at: HCF_OSD@utah.gov (there is an underscore between HCF and OSD).

Notes: Do not send non-encrypted PHI to this email address.

If Utah Medicaid receives a regular, unencrypted email containing protected health information (PHI), there may be some risk that the information in the email could be intercepted and read by a third-party during transmission.

This may be a reportable incident under the HIPAA Privacy and Security Rules. Please follow your organization's incident reporting procedure and notify your compliance officer.

If you need to send PHI or other sensitive information to us electronically, we strongly encourage you to use a secure method.

EDI Customer Support hours are Monday through Friday from 8 A.M. to 5 P.M.

On Thursdays, EDI Customer Support phone lines are open from 11 A.M. to 5 P.M.

EDI Customer Support is closed during Federal and State Holidays.

Utah Medicaid will broadcast messages through the Medicaid Information Line, the ListServ, and through UHIN alerts for unexpected system down time, for unexpected delay in generation and transmission of EDI reports, delay in the release of provider payments, to announce the release of new or interim Medicaid Information Bulletin (MIB), and so forth.

To sign up for the Medicaid ListServ, click the link below:

<https://medicaid.utah.gov/utah-medicaid-official-publications>

Trading partners may also sign up to receive UHIN alerts for urgent broadcast and notification sent by various Utah Payers including Utah Medicaid at:

<http://www.uhin.org>.

Utah Medicaid's mailing address is:

Bureau of Medicaid Operations
PO Box 143106
Salt Lake City, UT. 84114-3106

Applicable Websites/E-mail

Utah Medicaid EDI's email address is: HCF_OSD@utah.gov. (There is an underscore between HCF and OSD).

Utah Medicaid Web Page: <https://medicaid.utah.gov/>

Utah Medicaid Companion Guide:

<https://medicaid.utah.gov/hipaa/providers/#companion-guides>

Utah Medicaid Provider training: <https://medicaid.utah.gov/provider-training-0/>

Utah Medicaid EDI Enrollment: <https://medicaid.utah.gov/become-medicaid-provider>

Utah Medicaid Registration and EDI Enrollment Tutorial:

<https://medicaid.utah.gov/pe-training>

Sign up for the Utah Medicaid ListServ: <https://medicaid.utah.gov/utah-medicaid-official-publications>

UHIN: <https://uhin.org>

UHIN Help Desk: customerservice@uhin.com

UHIN Standards and Specifications: <https://support.uhin.org/hc/en-us/categories/360002051651-Standards>

Connectivity requirements, click the UHIN website at the link below:

<https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>

Sign up to receive UHIN alerts: <https://uhin.org>

UHIN's Hardware Requirements, click the link below: <https://support.uhin.org/hc/en-us/articles/360038190411-Technical-Reference-Manual-v2>

6 CONTROL SEGMENT/ENVELOPES

In all transactions, the ISA06 and ISA08 hold the designated Trading Partner Number (TPN) of the submitter and receiver, respectively. The trading partner defines the value carried in the GS02 and GS03. If there is not an agreement between trading partners as to the value carried in these segments, then the default will be TPN of the submitter and receiver (that is, the same numbers that are in ISA06 and ISA08, respectively).

For security purposes, neither the ISA04 nor the GS02 will be used to carry the Trading Partner Password or User ID. The Password and User ID values will be transmitted in an outside wrapping of the transaction for authentication. For this reason, the ISA01 and ISA03 values are '00' and the ISA02 and ISA04 are space filled. See Table 3 for proper usage and required value for various data elements in the ISA and GS segments.

ISA-IEA (Interchange Control Number)

To facilitate tracking and debugging, the Interchange Control number used in the ISA13 must be unique for each transaction.

Group Control Number

To facilitate tracking and debugging, the Group Control number used in the GS06, must be unique.

In a 999 Acknowledgement or interactive response transaction, the GS03 carries the value sent in the GS02 of the 278 transaction that is being acknowledged. Table 3 identifies the values to be carried in the ISA and GS of the transaction acknowledgment.

For more information regarding the use of ISA/IEA and GS/GE control segments, see the Utah Standards available on the UHIN website at: <https://support.uhin.org/hc/en-us/categories/360002051651-Standard>.

Table 3. 278 - Request Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/ Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present (No Meaningful Information in I02))
	ISA	ISA02	Authorization Information	10 Spaces
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present (No Meaningful Information in I04))
	ISA	ISA04	Security Information	10 Spaces
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA06	Interchange Sender ID	UHIN - Trading Partner ID obtained from UHIN (HTXXXXXXX-XXX) PRISM Electronic batch - use NPI or PRISM Provider ID
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	HT000004-001 – FFS HT000004-801 - Atypical HT-000004-004 – Test-FFS left justified followed by spaces.
	ISA	ISA13	Interchange Control Number	Set of 9 numbers. Must be unique and may not be reused for three years.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA14	Acknowledgment Requested	Always use number “1” for Interchange Acknowledgment Requested (TA1). Without this indicator, acknowledgement will not be returned for the submitted transaction if an error on the ISA segment is detected. And the submitted EDI file will not be processed.
	ISA	ISA15	Interchange Usage Indicator	Always use “P” for Production Data and “T” for Test Data.
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	<p>System will accept multiple PA requests in a 278 file. When submitting multiple PA requests in a 278 file, provider must submit one PA request per a Transaction set (ST) and one Transaction Set per a Group (GS).</p> <p>Always submit single provider specific requests in a 278 file. If not, acknowledgement/response generated for these files will not be accessible from PRISM screens to download.</p> <p>If a Trading Partner Number is shared between multiple providers, acknowledgement/response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.</p>
	GS	GS02	Application Sender's Code	UHIN - Trading Partner ID obtained from UHIN (HTXXXXXX-XXX)

Loop ID	Segment ID	Data Element ID	Loop/Segment/ Element Name	Companion Guide Rules
				PRISM Electronic batch - use NPI or PRISM Provider ID

7 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Utah Medicaid accepts and supports Batch Health Care Services Request for Review and Response (278) transactions. If auto batch reject errors (AAA) are posted, the system will send a 278 response file within 24 hours of the submission. If there are no auto batch reject errors, system will send response file only when there is a decision made on the PA. If more than one PA request is submitted in a file, system will generate separate 278 response file for each request submitted in the 278 request file.

Utah Medicaid requires a unique value in the ISA13 and GS06 for all X12 transactions. Previously used numbers (data) in the ISA13 or GS06 cannot be repeated within a three-year period. If used, the transaction will be rejected as a duplicate.

You may transmit electronic 278 transactions anytime, 24 hours a day, 7 days a week.

Regular Scheduled System Downtime

Utah Medicaid’s systems are available to process Real-Time and Batch transactions 24/7 except during regularly scheduled system downtime, defined as:

Routine downtime

Regularly scheduled system downtime is Sundays, from 1 A.M. to 2 A.M.

No real-time transactions will be processed between these hours. No response or acknowledgement will be returned during scheduled or non-scheduled downtime.

Non-routine downtime

Medicaid will notify providers through the email ListServ, UHIN alerts, or message broadcast through the phone system, for unscheduled or emergency downtime, within one hour of discovery.

No response or acknowledgement will be returned during scheduled or non-scheduled downtime.

System Holiday Schedule

Utah Medicaid’s systems are available to process Batch 278 transactions 24 hours a day, 7 days a week except for our regularly scheduled system downtime, as stated above.

Business Limitations:

- ANSI ASC X12 278 - Transaction Set Companion Guide Rules

Table 4. Transaction Set Companion Guide Rules Inbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
			Segment – Beginning of Hierarchical Transaction	
	BHT	BHT02	Transaction Set Purpose Code	"13" (Request)
2010A			Loop - Utilization Management Organization (UMO) Name	
2010A	NM1		Segment - Utilization Management Organization (UMO) Name	
2010A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2010A	NM1	NM102	Entity Type Qualifier	"2" (Non-Person Entity)
2010A	NM1	NM108	Identification Code Qualifier	"PI" (Payer Identification)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010A	NM1	NM109	Identification Code	<Utilization Management Organization (UMO) Identifier> HT000004-001 - FFS HT000004-801 - Atypical HT000004-004 – Test-FFS
2010B			Loop - Requester Name	
2010B	NM1		Segment - Requester Name	
2010B	NM1	NM108	Identification Code Qualifier	"XX" (Health Care Financing Administration National Provider Identifier)
2010B	NM1	NM109	Identification Code	<Requester Identifier> National Provider Identifier (NPI)
2010B	REF		Segment - Requester Supplemental Identification	
2010B	REF	REF01	Reference Identification Qualifier	“ZH” For Atypical Provider use only
2010B	REF	REF02	Reference Identification	PRISM Provider ID for Atypical Provider use only
2010B	REF	REF01	Reference Identification Qualifier	“N7” (Facility Network Identification Number) Required for PRISM
2010B	REF	REF02	Reference Identification	Provider Location ID is required and is used to deliver prior authorization correspondence.

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010B	PER		Segment - Requester Contact Information	Requestor Contact Name, Requestor Telephone Number and Requester Fax Number are required for PRISM
2010B	PER	PER02	Name	<Requester Contact Name> Required for PRISM
2010B	PER	PER03	Communication Number Qualifier	“TE” (Telephone) “FX” (Facsimile) Required when PER02 <Requester Contact Name> has a value.
2010B	PER	PER04	Communication Number	<Requestor Contact Communication Number> Telephone number or Fax Number Required when PER02 <Requester Contact Name> has a value.
2010B	PER	PER05	Communication Number Qualifier	“TE” (Telephone) “EX” (Telephone Extension) “FX” (Facsimile)
2010B	PER	PER06	Communication Number	<Requestor Contact Communication Number> Telephone extension or telephone number or Fax Number Required when PER05 <Communication Number Qualifier> has a value.
2010B	PER	PER07	Communication Number	“TE” (Telephone)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Qualifier	“EX” (Telephone Extension) “FX” (Facsimile)
2010B	PER	PER08	Communication Number	<Requestor Contact Communication Number> Telephone extension or telephone number or Fax Number Required when PER07 <Communication Number Qualifier> has a value.
2010C			Loop – Subscriber Name	
2010C	NM1		Segment – Subscriber Name	
2010C	NM1	NM104	Name First	Utah Medicaid Beneficiary’s First Name Send “NoFirst” if the member doesn’t have a first name.
2010C	NM1	NM108	Identification Code Qualifier	“MI” (Member Identification Number)
2010C	NM1	NM109	Identification Code	<Subscriber Primary Identifier> 10-digit beneficiary ID number assigned by PRISM

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010C	DMG		Segment – Subscriber Demographic Information	
2010C	DMG	DMG02	Subscriber Birth Date	Required for PRISM
2010C	DMG	DMG03	Subscriber Gender Code	Required for PRISM
2000E	UM		Health Care Services Review Information	
2000E	UM	UM02	Certification Type Code	“I” (Initial) “R” (Renewal) “N” (Reconsideration) Any other value will be rejected with a AAA segment A PA paper request can be submitted for additional certification type values.
2000E	UM	UM03	Service Type Code	Required to be submitted at header
2000E	REF		Segment - Previous Review Authorization Number	
2000E	REF	REF01	Reference Identification Qualifier	“BB” (Authorization Number)
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number>

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Required when Loop - 2000E UM02 <Certification Type Code> equals "R" (Renewal). Submit original PA Tracking Number or Certification Number.
2000E	REF		Segment - Previous Review Administrative Reference Number	
2000E	REF	REF01	Reference Identification Qualifier	"NT" (Administrator's Reference Number)
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number> Required when Loop - 2000E UM02 <Certification Type Code> equals "N" (Reconsideration) or "R" (Renewal). Submit original PA Tracking Number or Certification Number.
2000E	DTP		Segment - Accident Date	
2000E	DTP	DPT03	Date Time Period	<Accident Date> Required when Loop - 2000E UM05-1 <Related-Causes Code> has a value "AA" (Auto Accident).
2000E	DTP		Segment - Last Menstrual Period Date	
2000E	DTP	DPT03	Date Time Period	Required when Estimated Date of Birth is reported

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	DTP		Segment - Event Date	
2000E	DTP	DPT03	Date Time Period	<Proposed or Actual Event Date> Required for PRISM.
2000E	HI		Segment – Patient Diagnosis	
2000E	HI	HI	HI01-2 thru HI12-2	Do not submit more than one DRG per a 278 request
2010EA			Loop - Patient Event Provider Name	Required to report a servicing provider either at header or line level
2010EA	NM1		Segment - Patient Event Provider Name	
2010EA	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2010EA	NM1	NM109	Identification Code	<Patient Event Provider Identifier> National Provider Identifier (NPI)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010EA	REF		Segment - Patient Event Provider Supplemental Information	
2010EA	REF	REF01	Reference Identification Qualifier	“ZH” (Carrier Assigned Reference Number)
2010EA	REF	REF02	Reference Identification	<Patient Event Provider Supplemental Identifier> PRISM Provider ID - Required when reporting Atypical provider Information
2010EB	NM1		Segment - Patient Event Transport Information	
2010EB	NM1	NM103	Patient Event Transportation Location Name	If not reported, system will report it as blank in the 278 response. System will suppress mandatory validation edit on 278 response.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F			Loop - Service Level	
2000F	UM		Segment - Health Care Services Review Information	PRISM requires Health Care Service Review Information to be submitted at the header. If submitted at the line it will not be considered for processing the PA.
2000F	REF		Segment - Previous Review Authorization Number	PRISM requires Previous Review Authorization Number to be submitted at the header. If submitted at the line it will not be considered for processing the PA.
2000F	REF		Segment - Previous Review Administrative Reference Number	PRISM requires Previous Review Administrative Reference Number to be submitted at the header. If submitted at the line it will not be considered for processing the PA.
2000F	DTP	DTP03	Date Time Period	<Proposed or Actual Service Date> Required if Patient Event Date in Loop - 2000E DTP (Patient Event Date) is not submitted. If both Loop - 2000E DTP (Patient Event Date) and Loop - 2000F (Service Date) are submitted, then Line Service Dates should be within the Patient Event "From" and "To" Dates.
2000F	SV1		Segment - Professional Service	
2000F	SV1	SV101-1	Product/Service ID Qualifier	"HC" (Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV1	SV101-7	Description	Procedure Code description identifying the services rendered is required when submitting "Not Otherwise Specified" codes including K0108, E1399 and E2599
2000F	SV1	SV102	Monetary Amount	<Service Line Amount> Amount must be greater than zero.
2000F	SV1	SV104	Quantity	<Service Unit Count> Amount must be greater than zero. Decimals are not allowed, if partial units are needed round up to the next value.
2000F	SV2		Segment - Institutional Service Line	Institutional PA: Only one Procedure Code or Revenue Code is allowed on each PA Service Line (s). If 278 PA request needs to be processed with Revenue Code on PA Service Line (s), then submit Service Line Revenue Code in SV201. If 278 PA request needs to be processed with Procedure Code on PA Service Line (s), then submit Procedure Code in SV202 - 2 and its corresponding Product or Service ID Qualifier in SV202-1.
2000F	SV2	SV202-1	Product/Service ID Qualifier	<Product or Service ID Qualifier> "HC" (Health Care Financing Administration Common) "ID" (International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) - Procedure)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				"ZZ" (Mutually Defined)
2000F	SV2	SV202-7	Description	Procedure Code description identifying the services rendered is required when submitting "Not Otherwise Specified" codes including K0108, E1399 and E2599
2000F	SV2	SV202-8	Product/Service ID	<Procedure Code> Requests for ranges of codes need to be submitted via a paper PA request form
2000F	SV2	SV203	Monetary Amount	<Service Line Amount> Amount must be greater than zero.
2000F	SV2	SV206	Unit Rate	<Service Line Rate> Amount must be greater than zero.
2000F	SV2	SV205	Quantity	<Service Unit Count> Amount must be greater than zero. Decimals are not allowed, if partial units are needed round up to the next value.
2000F	SV3		Segment - Dental Service	
2000F	SV3	SV301-7	Description	Procedure Code description identifying the services rendered is required when submitting "Not Otherwise Specified"
2000F	SV3	SV302	Monetary Amount	<Service Line Amount> Amount must be greater than zero.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV3	SV306	Quantity	<p><Service Unit Count></p> <p>Amount must be greater than zero. Decimals are not allowed, if partial units are needed round up to the next value.</p>
2000F	TOO		Segment - Tooth Information	PRISM will only process one repeat of Loop - 2000F Segment TOO - Tooth Information per service line. Any additional repeats will be ignored.
2000F	HSD		Segment - Health Care Services Delivery	Required at line level when reporting Service Delivery Pattern Information.

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010F	NM1		Loop - Service Provider Name	Required when Loop 2010EA is not valued.
2010F	NM1		Segment - Service Provider Name	
2010F	NM1	NM101	Entity Identifier Code	At least one Service Provider must be reported with 2010F NM101 - 'SJ'
2010F	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2010F	NM1	NM109	Identification Code	<Service Provider Identifier> National Provider Identifier (NPI)
2010F	REF		Segment - Service Provider Supplemental Identification	
2010F	REF	REF01	Reference Identification Qualifier	"ZH" (Carrier Assigned Reference Number)
2010F	REF	REF02	Reference Identification	<Patient Event Provider Supplemental Identifier> "PRISM Provider ID" - Required when reporting Atypical provider Information

ANSI ASC X12 278 - Transaction Set Companion Guide Rules

Table 5. Transaction Set Companion Guide Rules Outbound

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
	BHT		Segment - Beginning of Hierarchical Transaction	
	BHT	BHT03	Reference Identification	<Submitter Transaction Identifier> Value received on BHT03 from 278 Inbound file will be returned.
	BHT	BHT06	Transaction Type Code	"18" (Response - No Further Updates to Follow)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010A			Loop - Utilization Management Organization (UMO) Name	
2010A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2010A	NM1	NM103	Name Last or Organization Name	<Utilization Management Organization (UMO) Last or Organization Name> "Utah Medicaid"
2010A	NM1	NM109	Identification Code	<Utilization Management Organization (UMO) Identifier> Value received on 278 Inbound Loop – 2010A NM109 will be returned.
2010A	AAA		Segment - Utilization Management Organization (UMO) Request Validation	
2010A	AAA	AAA03	Reject Reason Code	"79" (Invalid Participant Identification)
2010A	AAA	AAA04	Follow-up Action Code	"P" (Please Resubmit Original Transaction)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010B			Loop - Requester Name	
2010B	NM1		Segment - Requester Name	
2010B	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Services National Provider Identifier)
2010B	NM1	NM109	Identification Code	<Requester Identifier> Value received on 278 Inbound Loop - 2010B NM109 will be returned.
2010B	AAA		Segment - Requester Request Validation	
2010B	AAA	AAA03	Reject Reason Code	<Reject Reason Code> "15" (Required application data missing) "41" (Authorization/Access Restrictions) "43" (Invalid/Missing Provider Identification) "79" (Invalid Participant Identification)
2010B	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010C			Loop - Subscriber Name	
2010C	NM1		Segment - Subscriber Name	
2010C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2010C	NM1	NM109	Identification Code	<Subscriber Primary Identifier> Value received on 278 Inbound Loop - 2010C NM109 will be returned.
2010C	AAA		Segment - Subscriber Request Validation	
2010C	AAA	AAA03	Reject Reason Code	"71" (Patient Birth Date Does Not Match That for the Patient on the Database) "72" (Invalid/Missing Subscriber/Insured ID) "74" (Invalid/Missing Subscriber/Insured Gender Code)
2010C	AAA	AAA04	Follow-up Action Code	"C" (Please Correct and Resubmit)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E			Loop - Patient Event Level	
2000E	AAA		Segment - Patient Event Request Validation	
2000E	AAA	AAA03	Reject Reason Code	"33" (Input Error) "56" (Inappropriate Date) "57" (Invalid/Missing Date(s) of Service) "AA" (Authorization Number Not Found) "AF" (Invalid/Missing Diagnosis Code(s)) "AH" (Invalid/Missing Onset or Current Condition or Illness Date) "AI" (Invalid/Missing Accident Date) "AJ" (Invalid/Missing Last Menstrual Period Date) "AK" (Invalid/Missing Expected Date of Birth) "AM" (Invalid/Missing Admission Date) "AN" (Invalid/Missing Discharge Date) "T5" (Certification Information Missing)
2000E	AAA	AAA04	Follow-up Action Code	"C" (Please correct and resubmit)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	HCR		Segment -Health Care Services Review	Segment will be sent if applicable
2000E	HCR	HCR01	Action Code	"A1" (Certified in Total) "A2" (Certified in Partial) "A3" (Not Certified) "A6" (Modified) "C" (Cancelled) "CT" (Contact Payer) Refer to Appendix B for PRISM Auth Status vs X12 Auth Status Crosswalk
2000E	HCR	HCR02	Reference Identification	<Review Identification Number> PA Tracking Number will be sent if HCR01 equals "A1", or "A2", or "A6".
2000E	HCR	HCR03	Industry Code	<Review Decision Reason Code> Value reported when HCR01 equals "A3".
2000E	REF		Segment - Administrative Reference Number	
2000E	REF	REF01	Reference Identification Qualifier	"NT" (Administrator's Reference Number)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	REF	REF02	Reference Identification	<Administrative Reference Number> PA Tracking Number will be sent if Loop - 2000E HCR01 equals "A3".
2000E	REF		Segment - Previous Review Authorization Number	
2000E	REF	REF01	Reference Identification Qualifier	"BB" (Authorization Number)
2000E	REF	REF02	Reference Identification	<Previous Review Authorization Number> Value received on 278 Inbound Loop - 2000E REF02 will be returned, if applicable.
2000E	DTP		Segment - Event Date	
2000E	DTP	DTP02	Date Time Period Format Qualifier	"RD8" (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2000E	DTP	DTP03	Date Time Period	<Proposed or Actual Event Date> Approved Service "From Date" - "To Date" for PA request processed by PRISM will be sent, if applicable (or) Value submitted on 278 Inbound Loop - 2000E DTP03 will be returned, if applicable

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000E	DTP		Segment - Certification Issue Date	
2000E	DTP	DTP03	Date Time Period	<Certification Issue Date> The value will be sent when Loop - 2000E HCR01 equals "A1" or "A2" or "A6".
2000E	DTP		Segment - Certification Expiration Date	
2000E	DTP	DTP03	Date Time Period	<Certification Expiration Date> The value will be sent when Loop - 2000E HCR01 equals "A1" or "A2" or "A6".
2000E	DTP		Segment - Certification Effective Date	
2000E	DTP	DTP03	Date Time Period	<Certification Effective Date> The value will be sent when Loop - 2000E HCR01 equals "A1" or "A2" or "A6".
2000E	HI		Segment – Patient Diagnosis	
2000E	HI	HI	HI01-2 thru HI12-2	Approved DRG code will be sent in this field.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2010EA	AAA		Segment - Patient Event Provider Request Validation	
2010EA	AAA	AAA03	Reject Reason Code	<Reject Reason Code> "43" (Invalid/Missing Provider Identification)
2010EA	AAA	AAA04	Follow-up Action Code	<Follow-up Action Code> "C" (Please Correct and Resubmit)
2000F			Loop - Service Level	
2000F	AAA		Segment - Service Request Validation	Segment will be sent if applicable
2000F	AAA	AAA03	Reject Reason Code	"15" (Required application data missing) "33" (Input Error) "57" (Invalid/Missing Date(s) of Service) "AG" (Invalid/Missing Procedure Code(s))
2000F	AAA	AAA04	Follow-up Action Code	"C" (Please Correct and Resubmit)

UTAH MEDICAID COMPANION GUIDE

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	HCR		Segment - Health Care Services Review	Segment will be sent if applicable
2000F	HCR	HCR01	Action Code	"A1" (Certified in Total) "A3" (Not Certified) "C" (Cancelled) "CT" (Contact Payer) "A6" (Modified) "NA" (No Action Required) Refer to Appendix B for evoBrix Auth Status vs X12 Auth Status Crosswalk
2000F	HCR	HCR02	Reference Identification	<Review Identification Number> PA Tracking Number will be sent if HCR01 equals "A1".
2000F	HCR	HCR03	Industry Code	<Review Decision Reason Code> This value will be sent if HCR01 equals "A3".
2000F	REF		Segment - Administrative Reference Number	Segment will be sent if applicable
2000F	REF	REF02	Reference Identification	<Administrative Reference Number> PA Tracking Number will be sent if Loop - 2000F HCR01 equals "A3".

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	DTP		Segment - Service Date	
2000F	DTP	DTP02	Date Time Period Format Qualifier	"RD8" (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2000F	DTP	DTP03	Date Time Period	<Proposed or Actual Event Date> Approved Service "From Date" - "To Date" for PA request processed by PRISM for the line will be sent, if applicable (or) Value submitted on 278 Inbound Loop - 2000F DTP03 will be returned, if applicable
2000F	DTP		Segment - Certification Issue Date	
2000F	DTP	DTP03	Date Time Period	<Certification Issue Date> The value will be sent when Loop - 2000F HCR01 equals "A1".
2000F	DTP		Segment - Certification Expiration Date	
2000F	DTP	DTP03	Date Time Period	<Certification Expiration Date> The value will be sent when Loop - 2000F HCR01 equals "A1".

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	DTP		Segment - Certification Effective Date	
2000F	DTP	DTP03	Date Time Period	<Certification Effective Date> The value will be sent when Loop - 2000F HCR01 equals "A1".

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV1		Segment - Professional Service	
2000F	SV1	SV101	Composite Medical Procedure Identifier	
2000F	SV1	SV101-2	Product/Service ID	Modified value processed by PRISM for the line will be sent, if applicable. (or) Value received on 278 Inbound Loop - 2000F, SV101-2 will be returned, if applicable
2000F	SV1	SV101-3	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable. (or) Value received on 278 Inbound Loop - 2000F, SV101-3 will be returned, if applicable
2000F	SV1	SV101-4	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable. (or) Value received on 278 Inbound Loop - 2000F, SV101-4 will be returned, if applicable

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV1	SV101-5	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable. (or) Value received on 278 Inbound Loop - 2000F, SV101-5 will be returned, if applicable
2000F	SV1	SV101-6	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable. (or) Value received on 278 Inbound Loop - 2000F, SV101-6 will be returned, if applicable
2000F	SV1	SV102	Monetary Amount	Approved Monetary Amount processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV102 will be returned, if applicable.
2000F	SV1	SV104	Quantity	Approved Quantity processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV104 will be returned, if applicable.
2000F	SV2		Segment - Institutional Service Line	

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV202	Composite Medical Procedure Identifier	
2000F	SV2	SV201	Product/Service ID	Modified value processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV201 will be returned.
2000F	SV2	SV202-1	Product or Service ID Qualifier	Modified value processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV202-2 will be returned, if applicable (or) ZZ Qualifier will be used to identify a DRG.
2000F	SV2	SV202-2	Product/Service ID	Modified value processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV202-2 will be returned, if applicable (or) DRG.

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV202-3	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable. (or) Value received on 278 Inbound Loop - 2000F, SV202-3 will be returned, if applicable.
2000F	SV2	SV202-4	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable. (or) Value received on 278 Inbound Loop - 2000F, SV202-4 will be returned, if applicable.
2000F	SV2	SV202-5	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV202-5 will be returned, if applicable.
2000F	SV2	SV202-6	Procedure Modifier	Modified value processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV202-6 will be returned, if applicable.

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV2	SV203	Monetary Amount	Modified value processed by PRISM for the line will be sent, if applicable (or) Approved Monetary Amount processed by PRISM for the line will be sent, if applicable.
2000F	SV2	SV205	Quantity	Approved Quantity processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV205 will be returned, if applicable.
2000F	SV2	SV206	Unit Rate	Approved Unit Rate processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV206 will be returned, if applicable.
2000F	SV3		Segment - Dental Service	
2000F	SV3	SV301	Composite Medical Procedure Identifier	
2000F	SV3	SV301-2	Product/Service ID	Modified value processed by PRISM for the line will be sent if applicable (or)

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				Value received on 278 Inbound Loop - 2000F, SV301-2 will be returned, if applicable.
2000F	SV3	SV301-3	Procedure Modifier	Modified value processed by PRISM for the line will be sent if applicable (or) Value received on 278 Inbound Loop - 2000F, SV301-3 will be returned, if applicable.
2000F	SV3	SV301-5	Procedure Modifier	Modified value processed by PRISM for the line will be sent if applicable (or) Value received on 278 Inbound Loop - 2000F, SV301-5 will be returned, if applicable.
2000F	SV3	SV301-6	Procedure Modifier	Modified value processed by PRISM for the line will be sent if applicable (or) Value received on 278 Inbound Loop - 2000F, SV301-6 will be returned, if applicable.
2000F	SV3	SV302	Monetary Amount	Approved Monetary Amount processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV302 will be returned, if applicable.

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000F	SV3	SV306	Quantity	Approved Quantity processed by PRISM for the line will be sent, if applicable (or) Value received on 278 Inbound Loop - 2000F, SV306 will be returned, if applicable.

8 ACKNOWLEDGEMENTS AND/OR REPORTS

Implementation Acknowledgment for Health Care Insurance (999) – ASC X12N/005010X231

Edits for syntactical quality of the functional group or implementation guide compliance are documented in the 999 Acknowledgment and are returned for all batch 278 transactions.

An Accepted 999 means the transaction file was accepted into the system for processing. A Rejected 999 means the file transmitted does not comply with the HIPAA standards identified by the syntactical analysis or implementation guide compliance.

The 999 Acknowledgment will identify the segment name, segment location (line number), Loop ID, and data element in error. For multiple errors, all errors found will be listed in the 999 Implementation Acknowledgment. Errors must be corrected before resubmitting the 278 transaction.

Interchange Acknowledgment

The Interchange Acknowledgment (TA1) report provides the capability for the interchange receiver to notify the sender that a valid envelope was received, or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. It is unique in that it is a single segment transmitted without the GS/GE envelope structure.

The TA1 Acknowledgment encompasses the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number and interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange.

TA104, the Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors.

TA105, the Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

EDI submitters wishing to receive a TA1 Acknowledgment must request it through data elements ISA14, using data element “1” in the transmitted interchange. If a TA1 Acknowledgment is not requested and the submitted EDI file has an envelope error, Medicaid will not generate or send an acknowledgment for the file.

9 TRADING PARTNER AGREEMENTS

Contact UHIN at <https://uhin.org> or call (877) 693-3071 for membership enrollment information and Web Services connection. UHIN will assign a Trading Partner Number (TPN) for EDI.

Providers who elect to submit or receive electronic transactions using a third-party such as a billing agent, clearinghouse, or network service may not need to contact UHIN to acquire a TPN if the billing agent, clearinghouse, or network service has obtained a TPN on their behalf.

Providers who elect to submit or receive electronic transactions through PRISM Electronic Batch screen do not need to contact UHIN to acquire a TPN. Providers must use their PRISM Provider ID or NPI as the TPN in their electronic transactions.

Providers who wish to exchange electronic transaction with Medicaid must complete provider enrollment application through PRISM including all EDI steps.

If submitting through a Billing Agent, Clearinghouse or UHIN, associate the TPN to each transaction (based on business needs). Different TPNs may be used for each transaction excluding 835, 834 and 820. For PRISM Electronic Batch submission, identify the transactions to be submitted through this method.

Utah Medicaid does not offer EDI software. It is the responsibility of the Provider to procure software capable of generating a X12 transaction, that is compatible with their Practice-Management software to meet their business needs.

Some software vendors charge for each transaction type (claims, eligibility, reports, and remittance advice). There is no federal regulation as to how much a software vendor can charge for the software license or their services.

UHIN provides software for UHIN members and it can be downloaded from <https://uhin.org>. For assistance with the download, contact UHIN at (877) 693-3071.

Providers using a billing company or clearinghouse, contact the billing company or clearinghouse for software. Proprietary software can be used provided it meets HIPAA standards and the CAQH CORE Operating Rules requirements.

10 TRANSACTION SPECIFIC INFORMATION

The information under this section is intended to help the trading partner understand the business context of the 278 Inbound and Outbound transactions, where applicable.

Utah Medicaid only supports Batch 278 transactions.

Access to the 278 transactions by Batch transactions require trading partners to register online with Medicaid and define usage of these transactions. Click on the following link to register: <https://medicaid.utah.gov/become-medicaid-provider/>. An EDI Enrollment Tutorial is also available at: <https://medicaid.utah.gov/pe-training>.

Providers must be enrolled and open with Utah Medicaid for the date of service being queried. Utah Medicaid Providers with an open NPI or Provider ID can transmit a 278 transaction. All others will receive a AAA error response.

Providers, billers, and clearinghouses must submit 278 transactions separately based on the receiving TPN, HT000004-001 (FFS) and HT000004-801 (Atypical).

For Inbound Transactions, colon (:) is not accepted in any non-composite fields. If submitted, file will be rejected with a SNIP level error in the respective TA1/999 Acknowledgement Response file.

For Outbound Transactions, colon (:) in any non-composite fields will be replaced with a space before submitting the file to provider.

Medicaid Trading Partner Numbers (TPN)

Providers using NPI must submit 278 transactions to the following mailbox:

HT000004-001

Atypical providers must submit 278 transactions to the following mailbox:

HT000004-801

Test Trading Partner Number:

HT000004-004

Batch Transactions

In a batch mode, the sender does not remain connected while Utah Medicaid processes the transaction. A 999 Acknowledgement will be returned and made available for download within one hour of receipt of a batch 278 transaction.

System will accept multiple PA requests in a 278 file. When submitting multiple PA requests in a 278 file, provider must submit one PA request per a Transaction set (ST) and one Transaction Set per a Group (GS). If multiple PA requests are submitted in a 278 file, system will process them and report them individually in a separate 278 response file.

Always submit single provider specific requests in a 278 file. If not, acknowledgement/response generated for these files will not be accessible from PRISM screens to download.

If a Trading Partner Number is shared between multiple providers, acknowledgement/response files generated for the Trading Partner Number will not be accessible from PRISM screens to download.

Batch 278 responses are returned the day after the 278 transaction is received or once a reviewer finalizes the prior authorization status, unless transaction is rejected on a 999 or TA1 Acknowledgement. The 278 response will be available for download by 7 A.M. for all 278 batches submitted by 9 P.M. the day before.

Contact Medicaid EDI Customer Support at (801) 538-6155 or (800) 662-9651, option 3, then option 5, if a Utah Medicaid 999 Acknowledgement is not returned or for questions pertaining to a rejection on a Utah Medicaid 999 Acknowledgement.

APPENDICES

Appendix A – IMPLEMENTATION CHECKLIST

1. Acquire a Utah ID at <https://id.utah.gov/login>.
2. Create an account (username and password).
3. Enroll as a Utah Medicaid Provider.
4. Acquire a Trading Partner Number from Billing Agent, Clearinghouse or UHIN (Not applicable to PRISM Electronic Batch).
5. Register transactions to be submitted to Utah Medicaid.
6. Register Trading Partner Number online with Utah Medicaid (Billing Agent, Clearinghouse or UHIN).
7. Contact UHIN for Acceptance Testing and Connectivity testing (Billing Agent, Clearinghouse or UHIN Submission).
8. Test with Utah Medicaid.
9. Go live with Utah Medicaid.

Appendix B – BUSINESS SCENARIOS

1. **Crosswalk for PRISM Header Status vs X12 Certification Status:**

Table 6. PRISM vs X12 Auth Status Crosswalk

PRISM Header Status	X12 Status Code
Approved Recon Approved	A1 (Certified in Total)
Approved/Denied	A2 (Certified in Partial)
Denied Recon Denied Auto Batch Reject	A3 (Not Certified)
Modified Approval	A6 (Modified)
Cancelled	C (Cancelled)
Returned	CT (Contact Payer)
No Action	NA (No Action Required)

2. Crosswalk for PRISM Line Status vs X12 Certification Status:

Table 7. PRISM vs X12 Line Status Crosswalk

PRISM Line Status	X12 Status Code
Approved	A1 (Certified in Total)
Denied	A3 (Not Certified)
Cancelled	C (Cancelled)
Returned	CT (Contact Payer)
Modified	A6 (Modified)
Included	NA (No Action Required)
No Action	NA (No Action Required)

Appendix C – FREQUENTLY ASKED QUESTIONS

This appendix will be populated when content is available.

Appendix D – LEGEND

Table 8 provides the color legend for Table 3, Table 4, and Table 5

Table 8. Legend of Colors

The color signifies a Loop information.
The color signifies a Segment within a Loop.
The color signifies a Composite Element within a Segment.

Appendix E – CHANGE SUMMARY

Date	Description	Change Summary
07/13/2020	Final Submission	N/A
01/17/2023	Final Submission	N/A